



California Medical Association Alliance Membership Application

Membership Information

Alliance Dues

- Please accept my membership application.
- I live in a county not listed below.
(Member at Large: no county dues, \$ 70.00 for State & National, Friend of Medicine, \$30.00 for State)

Regular Membership

(A physician, a spouse/partner of a physician.)

County/District Dues (Please indicate county)

- Butte / Glenn\$ 35.00
- Fresno / Madera\$ 30.00
- Kern.....\$ 25.00
- Los Angeles.....\$ 25.00
- Napa.....\$ 30.00
- North Valley.....\$ 35.00
- Orange.....\$ 30.00
- San Bernardino.....\$ 25.00
- San Diego.....\$ 30.00
- San Joaquin.....\$ 25.00
- San Luis Obispo.....\$ 25.00
- Santa Barbara.....\$ 25.00
- Santa Clara.....\$ 25.00
- Sierra / Sacramento.....\$ 30.00
- Sonoma.....\$ 25.00
- Stanislaus.....\$ 35.00

State & National Dues:\$ 70.00

CALPAC.....\$ 25.00

Total dues (Local, State, National) \$ _____

In Training

(A medical student, intern, resident, fellow or a spouse/partner of a medical student, intern, resident or fellow)

- Local+ State & National.....\$ 15.00

Sustaining Membership

(A retired physician or spouse/partner of a retired or deceased physician)

- Check with your county if applicable
- At Large (State & National)....\$ 55.00

Friend of Medicine

(Neither a physician nor a spouse/partner of a physician)
(National membership not available at this time)

- Local and State.....\$ 55.00
- State Only (No county Alliance).....\$ 30.00

Sponsor Name _____

(Must be a current regular member)

Personal Information

County _____

Name _____

Address _____

City / Zip _____

Home Phone () _____

Work Phone () _____

Fax () _____

Cell () _____

Email _____

Expertise / Background _____

Spouse Name _____

Volunteer Interest

- Community Health
- Legislation
- Membership
- Financial Development
- Medical Family Support
- Programs & Events
- Other _____

___ Check enclosed payable to CMAA.

___ Please charge my credit card. \$4 processing fee will apply.

Acct# _____

Expires _____

Signature _____

Please return to:

California Medical Association Alliance
1201 J Street #300, Sacramento, CA 95814
Alliance@cmanet.org, www.cmaa.net
President's Direct Number
800-492-4054